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NEWFOUNDLAND MEDICAL CARE COMMISSION

ANNUAL REPORT

For the Year Ended March 31, 1998

Mission Statement

The Newfoundland Medical Care Commission is a statutory public corporation whose mandate is to efficiently administer a medical care insurance program on behalf of the residents of Newfoundland and Labrador.

The Commission is committed to facilitating the delivery of comprehensive medical care to all residents of the Province by implementing policies, procedures, and systems which permit appropriate compensation to providers for their rendering of insured professional services.

The Commission shall operate in accordance with the provisions of the Medical Care Insurance Act and Regulations and in compliance with the criteria of the Canada Health Act and shall strive to excel in all of its activities.

GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Department of Health and Community Services

Office of the Minister

St. John's, September 1998

TO THE HONOURABLE ARTHUR MAXWELL HOUSE, C.M., M.D., F.R.C.P.C.
Lieutenant-Governor of Newfoundland and Labrador

May it please your Honour:

I have the honour to present the Annual Report of the Newfoundland Medical Care Commission for the year ended March 31, 1998.

Your obedient servant,

JOAN MARIE AYLWARD
Minister of Health and Community Services

P.O. Box 8700, West Block, Confederation Building, St. John's, Newfoundland, Canada, A1B 4J6

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Newfoundland Medical Care Commission
Elizabeth Towers, 100 Elizabeth Avenue
P O Box 200
St. John's, Newfoundland, Canada
A1C 5J3

St. John's, September 1998

TO THE HONOURABLE JOAN MARIE AYLWARD
Minister of Health and Community Services

Honourable Madam:

I am pleased to present the Annual Report of the Newfoundland Medical Care Commission for the year ended March 31, 1998.

Respectfully submitted,

ROBERT O. PEDDIGREW
Executive Director

Introduction

This is the twenty-ninth Annual Report of the Newfoundland Medical Care Commission, submitted to The Honourable Minister of Health and Community Services in accordance with Section 35 of the *Medical Care Insurance Act*.

This report describes the coverage provided under the Medical Care Plan and the Dental Health Plan, and the results of the Commission's operations for the fiscal year ended March 31, 1998. Information is also provided on the structure and function of the Newfoundland Medical Care Commission, its committees and various internal departments.

Audited financial statements are also presented in this Report, in addition to statistical tables, which provide details on the costs and volumes of transactions processed by the Commission in the administration of the Medical Care Plan and the Dental Health Plan.

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Definition of Terms

Co-Pay Amount	An amount payable by a beneficiary to a dentist for services provided under the Dental Health Plan. This amount is in addition to that payable by the Plan.
Fee-for-Service	A classification given to those providers who submit claims to the Commission for services provided to beneficiaries of the Medical Care Plan or Dental Health Plan. Payments made to fee-for-service providers are in accordance with a schedule of fees.
Global Capping	A restraint measure applied to all fee-for-service and sessional payments to physicians if the total payments exceed the fixed budget for medical services.
Income Proration	A reduction in income applied to individual physicians whose billings exceed established thresholds.
Locums	Physicians who are retained by another physician or a hospital to provide relief for physicians who are on leave because of vacation, illness or other absence.
Out-of-Province Claim	A claim made by a beneficiary for reimbursement of medical care costs incurred while outside the Province of Newfoundland.
Providers	Physicians and dentists who are registered with the Commission and who provide medical and dental services to beneficiaries.
Reciprocal Billing	A claim processing arrangement between all of the Canadian Provinces and Territories (except Quebec). Under the Reciprocal Billing Agreements, a beneficiary's home province is billed for the cost of medical services that the beneficiary receives elsewhere in Canada.
Service Units	Units of medical and dental services received by a beneficiary. These may be office or home visits, or units of time.
Sessional Payments	Payments made to physicians on a per diem basis in lieu of fee-for-service payments. Sessional arrangement applications must receive prior approval and are made when fee-for-service claims are not feasible or practical.
Utilization Patterns	A provider's claim billing pattern, or a beneficiary's pattern of using medical services.

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Profile of the Commission

The Newfoundland Medical Care Commission was established in 1968 to administer the Newfoundland Medical Care Plan (MCP) in accordance with the *Medical Care Insurance Act* and supporting Regulations. Responsibility for administration of the Dental Health Plan was passed to the Commission in 1985. These plans provide payments to physicians and dentists for services rendered to the residents of the Province of Newfoundland. The Commission is governed by a Board of Commissioners, representing different geographic regions and professional backgrounds, including the medical community. This Board is appointed by the Lieutenant-Governor in Council and reports to the House of Assembly through the Minister of Health.

Commission Board

The Board of Commissioners normally comprises ten voting members, representing various areas of the Province, and two non-voting ex-officio members. Three of the voting members are selected by the Minister of Health from a list of nominees submitted by the Newfoundland and Labrador Medical Association (NLMA). Board members hold office for a term prescribed by the Lieutenant-Governor in Council. Board members who served during the 1997/98 year were:

Chairman	*Roger Crosbie*
Vice Chairman	*John Gover, C.A.*
Members	*David Brown*
	Dr. Harold Crewe
	Dr. Gillian Peters
	Donald Powell, C.A.
	Robin Russell
	Dr. Harold Wight
	Dr. Benvon Cramer
	Jamie Martin, LL.B.
Ex-officio Members	*Robert O. Peddigrew* *Commission Executive Director*
	Dr. Robert Williams *Deputy Minister, Department of Health*

The Commission's Board generally meets on a monthly basis to deal with a variety of issues affecting the Medical Care and Dental Health Plans. Among these are policy formulation; financial statement review; amendments to the Act and Regulations; sessional payment requests; audit reports and appeal committee recommendations; and various business proposals and reports submitted by Commission management staff.

Commission Management

An executive management team is responsible for directing the day-to-day operations of the Commission. The team of senior management executives are:

Executive Director
Robert O. Peddigrew

Assistant Executive Director
Tony Maher, C.A.

Medical Director
Dr. Catherine Bradbury

Dental Director
Dr. Bruce Bowden

Reporting to the Assistant Executive Director are the following functional departments: Claims Operations; Systems; Audit; Finance and Statistics; and Public Services and Administration.

The ***Claims Operations Department*** is responsible for the processing and assessment of claims for all medical and dental services. It also provides assistance and training for providers' office staff in the area of claims preparation and submission.

The ***Systems Department*** is responsible for the development, implementation, security, and maintenance of the Commission's computer systems. Other responsibilities include the acquisition, support and maintenance of hardware and software, and provision of technical support for physicians and dentists who use the TeleClaim and TeleDent software.

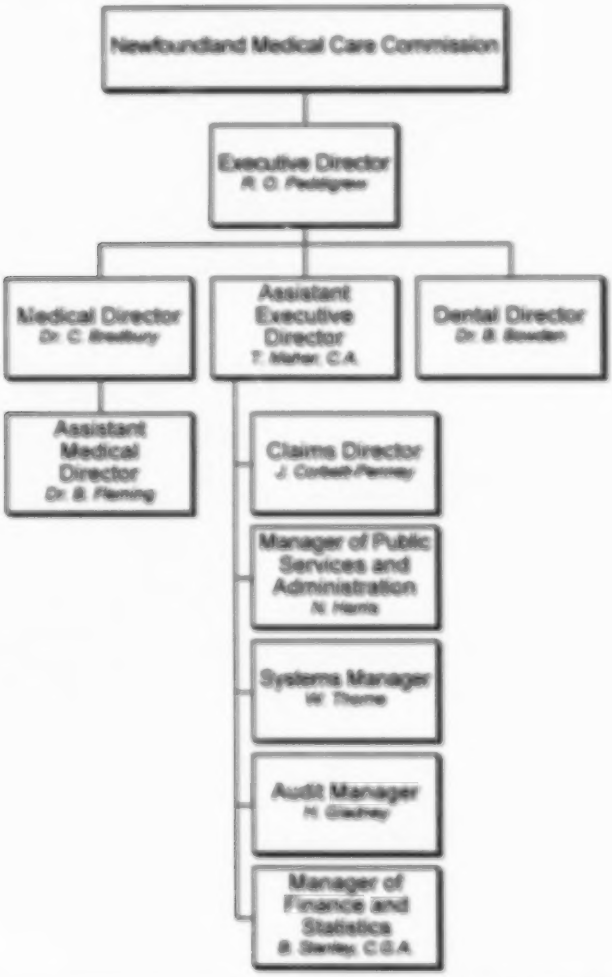
The ***Audit Department*** is responsible for the post-payment audit of claims through ongoing review of servicing and utilization patterns. This is accomplished by analysis of provider and beneficiary

profiles, randomly selected service verification, review of specialized computer reports targeting possible problem areas, and follow-up of information presented or obtained from a variety of other sources.

The ***Finance and Statistics Department*** is responsible for making all payments for the Commission, maintaining all accounting records, issuing monthly financial statements, and preparing and monitoring the annual budget. It is also responsible for compiling, interpreting and reporting statistical data, including the statistical tables presented in this Annual Report.

The ***Public Services and Administration Department*** is responsible for beneficiary registration services and provides information and direction on all matters pertaining to eligibility and coverage. This Department is also responsible for personnel administration, purchasing, and the provision of general administrative services.

Organization Chart



Committees

A number of the Commission's functions are administered by the following standing committees:

Executive Committee

This committee comprises senior staff members of the Commission including the Executive Director; the Assistant Executive Director; the Medical Director; and the Dental Director. The committee's major functions include policy development and implementation, strategic and operational planning, development of management practices, and general management of the Commission's operations.

Budget Finance Committee

The primary function of this committee is to prepare and present detailed estimates of revenue and expenditure for all Commission operations. Other responsibilities include monitoring cash flow and review of the report and recommendations of the Auditor General. Members of this committee include the Chairman, the Executive Director, the Assistant Executive Director, the Manager of Finance and Statistics, and one other Commission Board Member.

Medical Consultants' Committee

The primary objective of this committee is to review the patterns of practice and billing procedures of physicians and the utilization of services by beneficiaries, and advise the Commission on appropriate courses of action in each audit case. The committee is comprised primarily of physicians, five of whom are nominated by the NLMA.

Joint Liaison Committee

With equal representation from both the NLMA and the Commission, the mandate of this committee is to address and resolve general operational and policy issues which are of concern to either or both organizations.

Medical Advisory Committee

This committee is comprised of five senior practising physicians, nominated by the NLMA and selected by the Commission, from a broad variety of specialties. The Committee deals with complex or contentious claims and hears appeals from individual physicians on claim assessment decisions made by the Commission. The Commission's Medical Director participates in a non-voting role, and other Commission staff may attend to provide pertinent background information. The Medical Advisory Committee's assessment of complex claims has proven to be an acceptable method of resolution for both the NLMA and the Commission.

Dental Monitoring Committee

This committee assesses complex or contentious claims, reviews practice profiles, and deals with other issues which affect the Dental Health Plan and the Surgical Dental Program. The committee is appointed by the Commission and consists of four members, two of whom are nominated by the Newfoundland Dental Association. Appointments to the committee are for a period of three years. The chairperson of the committee is named by the Commission from the committee members and has regularly been the Commission's Dental Director.

Negotiating Committee

The mandate of this committee is to review and negotiate fees, funding allocations, preamble language and other conditions affecting payment of claims with the NLMA. Commission members on this committee comprise the Chairman, the Executive Director, the Assistant Executive Director, the Medical Director, and the Assistant Medical Director.

Profile of the Medical Care Plan

MCP provides coverage to bona fide residents of the Province for medical care and certain surgical-dental procedures performed in hospital.

Providers who treat beneficiaries may submit claims directly to the Commission for insured services rendered. Such claims must be in accordance with an established schedule of fees and will be processed by the Commission against established claim assessment rules.

The *Medical Care Insurance Insured Services Regulations* stipulates the general categories of medical services insured under the Plan; these include:

- visits to a physician's office, hospital or beneficiary's residence
- surgical, diagnostic and therapeutic procedures, including anaesthesia
- pre- and post-operative care
- complete maternity care
- radiology interpretive services
- certain medically required surgical-dental procedures performed in hospital by a dentist or oral surgeon

The specific procedures and services insured under the Medical Care Plan are listed in Schedule A (Medical Payment Schedule) and Schedule B (Surgical-Dental Payment Schedule) of the *Medical Care Insurance Physicians and Fees Regulations*.

The *Medical Care Insurance Insured Services Regulations* also lists specific services which are not insured under the Plan; these include:

- physician advice given by telephone
- drugs and vaccines
- provision of medical appliances
- writing of prescriptions
- preparation of records, reports or certificates
- services available under other provincial or federal legislation
- physician travel time and expenses
- ambulance services or other transportation
- acupuncture and subsequent related services
- examinations not medically necessary or if required by third parties (e.g. annual check-up, employment, pre-school or drivers' medicals, etc.)
- surgery for cosmetic purposes
- physician testimony given in a court
- eye examinations for corrective lenses
- routine, in-hospital, dental extractions
- the difference between general practice and specialist rates for non-referred patients
- services provided by chiropractors, optometrists, podiatrists, naturopaths, osteopaths, physiotherapists, nurses or other paramedical personnel
- newborn circumcision
- hypnotherapy
- consultations required due to hospital policy
- alcohol/drug treatment outside Canada
- therapeutic abortions performed at a non-approved facility
- sex change surgery, unless recommended by the Clarke Institute of Psychiatry
- in-vitro fertilization and ovarian stimulation and sperm transfer
- reversal of a previous sterilization procedure

(this list has been compiled for information purposes only and is not the official list of uninsured services)

Profile of the Dental Health Plan

The Dental Health Plan comprises a children's dental component and a social assistance component. The children's dental program covers the following basic dental services for all children, up to and including age twelve:

- examinations (at six month intervals)
- cleanings (at 12 month intervals)
- fluoride applications (ages six to 12 at 12 month intervals), except in areas where the School Rinse Program is in place
- x-rays (with some limitations)
- fillings and extractions
- other specific procedures which require approval before treatment

These basic services are also available under the social assistance component to recipients of social assistance who are 13 to 17 years of age. Adult recipients of social assistance are eligible for emergency care and extractions only.

Each beneficiary covered by the Dental Health Plan must pay a variable amount directly to the dentist for each service provided (e.g. fillings, extractions, etc.). Where a beneficiary is in receipt of social assistance, this co-payment fee is paid by the Dental Health Plan under the social assistance component.

Joint Management Committee

For the past six years, representatives of Government and the Newfoundland and Labrador Medical Association (NLMA) cooperatively managed the issues surrounding effective utilization of physician services in the province through a Joint Management Committee (JMC) and Agreement. Government representatives on the JMC included officials from the Department of Health, Treasury Board, and the Newfoundland Medical Care Commission. During 1997/98, the Newfoundland and Labrador Health Care Association became a member of the Committee, representing the various health care boards across the province.

The five-year Joint Management Agreement expired on March 31, 1997, but was extended by mutual agreement for one year. During that year, the purpose, function and principles of the original Agreement were continued. In January 1998, in preparation for the dissolution of the Agreement, negotiations with the NLMA commenced. Three significant areas being considered during this process include the physicians' financial compensation package, physician human resource management, and health system management.

Review of Operations

During 1997/98, the Commission's operations were guided by its Operational Plan. This Plan required departmental managers and Commission executive to structure activities to meet identified objectives. This section highlights the major achievements, activities and changes on which the Commission's resources were focused, in accordance with its Operational Plan.

Executive Affairs

This past year saw a major change in the executive management structure of the Commission with the retirement of Tom Manuel, the Assistant Executive Director. Mr. Manuel retired in November 1997, with over 35 years of public service.

Shortly before Mr. Manuel's retirement, Tony Maher was appointed as the new Assistant Executive Director. Mr. Maher was formerly the Director of Finance, Audit and Statistics. That position was abolished upon Mr. Maher's appointment. Previously, the Assistant Executive Director and the Director of Finance, Audit, and Statistics shared authority for overseeing Commission operations. The Assistant Executive Director is now the focal point for day-to-day management of Commission operations, with all senior line managers reporting to this position.

The Commission significantly increased development and documentation of policy and operational procedures, including documentation of Commission computer programs. An increased emphasis was also placed on planning during the past year, with continuous improvements in the planning process envisioned for the future.

In January 1998, the Commission approved proposed revisions to the Medical Care Insurance Act, following an exhaustive review of the Act by a Legislative Review Committee. Input was sought from the NLMA during the review period, and the Committee's proposed revisions were presented to the Minister of Health in February 1998.

Dental Affairs

Negotiations with the Canadian Dental Association began in 1997/98 on the incorporation of the Negotiations were underway with the Workers' Compensation Commission for the establishment of a permanent information exchange program. This program will detect and recover payments made by the Medical Care Plan for the treatment of work-related injuries.

Medical Affairs

The management of medical issues was strengthened during the past year by the recruitment of Dr. Blair Fleming for the position of Assistant Medical Director. Dr. Fleming has assumed responsibility for the day-to-day management of medical affairs, maintenance of the medical Payment Schedules, and the assessment of complex claims. Dr. Fleming also replaced Dr. A.R. Mercer as the Medical Consultant to Audit.

During the year, a major project was initiated with the NLMA to standardize, update, and clarify various sections of the MCP Payment Schedule. Additionally, issues resulting from the implementation and subsequent expiry of the Joint Management Agreement required participation of the Commission's medical experts. Major negotiations between government, the Newfoundland and Labrador Health Care Association, and the NLMA commenced in January 1998, with the Commission being represented through the office of its Medical Director.

As of March 31, 1998, the Joint Management Agreement expired, having been in place for six years. Negotiations continue for the final draft of the MCP Payment Schedule, and it is anticipated that negotiations with the NLMA on all issues will be completed early in the next fiscal year. Significant areas of discussion include manpower controls, physician fees and payment, system management, and service commitment.

Commission's electronic dental claim submission software into the Association's CDAnet software. This software merger would allow Newfoundland dentists to submit claims through CDAnet software to the Commission for payment. At March 31, 1998, the Association was investigating the necessary software revisions.

Claims Operations

The Commission processed and paid for 4,435,752 items of service on behalf of beneficiaries. Approximately 95% of all providers submitted claims through electronic media, as opposed to paper claims. A paper claim processing charge of 25¢ per claim item continues to be applied to the remaining 5%.

The Commission's ability to process and monitor sessional claims was enhanced during 1997/98 with the implementation of an Automated Sessional Claims System. More information has been provided to physicians and institutions who bill through sessional claims, and the ability to track sessional budget variations and overlaps with fee-for-service claims was strengthened.

The Department participated in the preparation of the new MCP Payment Schedule through consultations with the Assistant Medical Director. Department staff reviewed proposed schedule changes and made recommendations for improvements in the Payment Schedule.

An automated fee code profiling system was implemented to allow for reporting of fee code usage by individual physicians and specialists. This system also allows the Commission to customize the range of fee codes which may be billed by an individual physician; thus allowing for increased assessment of claims not usually billed by particular physicians or specialties.

Officials of the Departmer conducted tutorials for physicians and medical office staff on billing practices, claims submission, and claims processing, at various sites across the province.

Systems Department

The Systems Department reviewed the Commission's computer systems security features during 1997/98, with satisfactory results. Computer systems security policies were revised as well.

Analysis of the Commission's Year 2000 compatibility was completed by March 31, 1998, on mainframe and microcomputer systems. The NewTel Information Solutions project team began work correcting idc tified deficiencies during the past year. The Commission is confident that it will be fully Year 2000 compliant due to the early initiatives it has undertaken.

All authorized employees were connected to government's e-mail and Internet servers, giving the Commission increased communication and research capabilities.

The Commission's proprietary software packages TeleClaim and TeleDent were combined into one package during this past year. Negotiations with the Canadian Dental Association are ongoing to allow dental providers to submit dental claims electronically using CDAnet software.

Public Services and Administration

During 1997/98, the Commission processed 66,073 beneficiary registration transactions initiated by the general public. A total of 27,253 new and replacement MCP cards were issued.

The Commission anticipates the passage of revisions to the Medical Care Insurance Beneficiary and Inquiries Regulations. These revisions will clarify the categories of residents who are eligible for coverage and improve the administrative rules regarding medical coverage, both inside and outside the province.

Finance and Statistics

In July 1997, certain processing and budgeting functions of the salaried physician program were transferred from the Commission to the Department

of Health. At that time, one Commission staff position was also transferred.

In December 1997, the Finance and Statistics Department was created through the merger of the previously separate Departments of Finance and Statistics.

During the year, documentation was completed to allow for a structured evaluation of the results of computerized claim processing. While claim processing is performed by NewTel Information Solutions, the Department is responsible for ensuring that all claims and data are accounted for before and after each processing function.

Although global capping measures were still in place during 1997/98, it was not necessary to apply a cap to fee-for-service payments to stay within the Medical Care Plan's fixed annual budget. However, individual physician incomes were still subject to proration in accordance with established income limits.

Audit

The automated Provider Practice Profiles System was implemented during the 1997/98 fiscal year. This new system allows for improved detection of potential misbillings by providers. Two new databases are in development - the Provider Audit Information System and the Beneficiary Audit Information System. These will provide statistical information on current and past audit initiatives. As well, the record review process has been computerized to expedite the audit process, reduce duplication of effort, and provide flexibility in reporting.

At March 31, 1998, there were 38 provider audits in progress. A total of $622,417 was identified for recovery from physicians; one appeal hearing was held and nine others were requested. A total of 114 beneficiary audits were in progress, and at varying stages of completion.

Audited Financial Statements

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

The Commission conducts its financial affairs in accordance with generally accepted accounting principles. Commission management is responsible for the integrity of the financial statements and has established systems of internal control to provide reasonable assurance that assets are properly accounted for and safeguarded from loss. The Commission's Board has established a Budget Finance Committee to develop estimates of revenue and expenditure for all Commission operations and to monitor cash flow throughout the year. Each year, the Province's Auditor General performs an independent examination of the financial statements of the Commission and her report for fiscal year 1997/98 follows. The Auditor General has full and unrestricted access to the Commission's records.

AUDITOR'S REPORT

OFFICE OF THE AUDITOR GENERAL
St. John's, Newfoundland

AUDITOR'S REPORT

To the Members of the
Newfoundland Medical Care Commission
St. John's, Newfoundland

I have audited the balance sheet of the Newfoundland Medical Care Commission as at 31 March 1998 and the statement of revenue and expenditure for the year then ended. These financial statements are the responsibility of the Commission's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Commission as at 31 March 1998 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.

Elizabeth Marshall

ELIZABETH MARSHALL, C.A.
Auditor General

St. John's, Newfoundland
9 June 1998

NEWFOUNDLAND MEDICAL CARE COMMISSION

BALANCE SHEET

31 MARCH 1998

	1998	1997
ASSETS		
Current		
Cash	$ 581,826	$ 1,373,061
Due from Province of Newfoundland (Note 2)	18,237,479	15,189,353
Accounts receivable	968,625	1,157,275
Prepaid expenses	38,023	45,663
	19,825,953	17,765,352
Capital assets (Note 3)	-	-
	$19,825,953	$17,765,352
LIABILITIES		
Current		
Accounts payable and accrued liabilities	$ 885,085	$ 780,568
Deferred revenue	-	1,000,000
Liability for presented and processed claims	11,331,020	9,914,100
Estimated liability for unpresented and unprocessed claims	6,838,685	5,599,613
Liability for salaried physicians	529,913	229,821
Liability for medical malpractice premium subsidy	241,250	241,250
	$19,825,953	$17,765,352

See accompanying notes

Signed on behalf of the Commission:

Chairperson

Executive Director

Office of the Auditor General

NEWFOUNDLAND MEDICAL CARE COMMISSION

STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED 31 MARCH 1998

	1998	1997
REVENUE		
Province of Newfoundland	**$162,997,708**	$149,018,770
Interest income	**203,328**	174,616
Miscellaneous	**107,877**	64,229
Audit recoveries	**39,623**	156,661
Third party recoveries	**-**	260,000
	$163,348,536	$149,674,276
EXPENDITURE		
Administrative expenditure (Schedule 1)	**$ 4,214,211**	$ 4,188,630
Dental Health Plan	**5,234,975**	4,931,265
Insured services (Note 5)	**119,463,703**	111,557,899
Medical malpractice premium subsidy	**965,904**	954,587
Salaried physicians	**33,469,743**	28,041,895
	$163,348,536	$149,674,276

See accompanying notes

Office of the Auditor General

SCHEDULE 1

NEWFOUNDLAND MEDICAL CARE COMMISSION

SCHEDULE OF ADMINISTRATIVE EXPENDITURE

FOR THE YEAR ENDED 31 MARCH 1998

	1998	1997
Audit fees	$ 9,000	$ 7,000
Cleaning	4,793	4,581
Commission fees	16,875	16,915
Computer costs (Note 6)	853,678	1,023,334
Consultant fees	152,909	170,255
Electricity	6,586	10,195
Furniture and equipment	61,708	51,960
Furniture and equipment maintenance	22,474	29,418
Interest and bank charges	6,014	4,290
Leasehold improvements	15,743	4,037
Microfilming	708	1,932
Miscellaneous	29,737	38,390
Office rental	288,515	311,179
Office supplies	60,153	53,802
Payroll tax	42,101	38,079
Postage and telephone	124,673	139,499
Salaries and benefits	2,492,709	2,258,190
Travel	25,835	25,574
	$4,214,211	$4,188,630

See accompanying notes

Office of the Auditor General

NEWFOUNDLAND MEDICAL CARE COMMISSION

NOTES TO FINANCIAL STATEMENTS

31 MARCH 1998

Authority

The Newfoundland Medical Care Commission (the Commission) operates under the authority of the Medical Care Insurance Act. It is responsible for the administration of medical and dental care insurance programs on behalf of the residents of Newfoundland and Labrador. Commission members are appointed by the Lieutenant-Governor in Council.

1. Significant accounting policies

These financial statements have been prepared by the Commission in accordance with generally accepted accounting principles. Outlined below are the significant accounting policies followed.

(a) Capital assets

Capital assets are capitalized at cost at the time of acquisition and expensed in the year of acquisition.

(b) Severance pay

Severance pay is calculated based upon years of service and current salary levels. The entitlement to severance pay vests with employees after nine years of continuous service, and accordingly no provision has been made in the accounts for employees with less than nine years of continuous service. If the employee transfers to another entity within the public service, then the liability is transferred to that entity.

2. Due from Province of Newfoundland

In accordance with Section 27 of the Medical Care Insurance Act, the Province of Newfoundland is responsible for funding the expenditures incurred by the Commission in carrying out its powers, functions and duties. Accordingly, the amount due from the Province represents the balance of funds owing by the Province to the Commission at 31 March.

3. Capital assets

	1998	1997
Furniture and equipment	$1,364,015	$ 1,304,948
Less: expensed in year of acquisition	1,364,015	1,304,948
	$ -	$ -

Office of the Auditor General

NEWFOUNDLAND MEDICAL CARE COMMISSION

NOTES TO FINANCIAL STATEMENTS

31 MARCH 1998

4. Bank indebtedness

The Commission has an operating line of credit of $1,000,000 which was authorized by the Province. There was no balance outstanding for either the current or prior year.

5. Insured services

	1998	1997
Fee for Service - Physicians	$109,630,245	$104,984,682
Fee for Service - Out-of-Province	4,454,793	4,020,780
Incentive Fund	343,391	551,531
Sessional	4,704,403	1,585,374
Surgical Dental	330,871	415,532
	$119,463,703	$111,557,899

In accordance with Government's policy on fiscal restraint, the Commission has a global capping mechanism in place to ensure that expenditures for insured services do not exceed the fixed budget. In 1997-98 it was not necessary to reduce payments to physicians using this mechanism. Payments were reduced by 1.47% in 1996-97.

In addition, in both 1997-98 and 1996-97, reductions were made in payments to certain physicians who exceeded stipulated levels based on a separate proration formula developed in conjunction with the Newfoundland and Labrador Medical Association.

6. Computer costs

	1998	1997
Claims Processing	$446,363	$ 457,387
Facilities Management	348,256	455,891
Equipment Maintenance	3,656	59,950
Development/Enhancements	55,403	50,106
	$853,678	$1,023,334

Office of the Auditor General

NEWFOUNDLAND MEDICAL CARE COMMISSION

NOTES TO FINANCIAL STATEMENTS

31 MARCH 1998

7. Pensions

The Commission and its staff are subject to the Public Service Pensions Act, 1991. Employee contributions are matched by the Commission and then remitted to the Province of Newfoundland Pooled Pension Fund from which pensions will be paid to employees when they retire. The Commission's share of pension contributions for 1998 was $112,419 (1997 - $107,665).

8. Economic dependence

As a result of the Commission's reliance on Provincial funding, the Commission's ability to continue viable operations is dependent upon the decisions of the Province.

9. Income taxes

The Commission is a Crown entity of the Province of Newfoundland and as such is not subject to Provincial or Federal income taxes.

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TABLE 1

Payments By Type And Specialty
1997/98

Specialty	Number Of Providers*	Fee-For-Service Payments ($000)	Sessional Payments ($000)	Proration Reductions ($000)	Totals ($000)	% of Payments
General Practice	**436**	**40,996**	**2,933**	**(25)**	**43,864**	**37.6**
Anaesthesia	**38**	**6,235**	**178**	**-**	**6,413**	**5.5**
Radiology	**43**	**10,044**	**-**	**(6)**	**10,038**	**8.6**
Medical Specialties						
Dermatology	9	1,406	-	-	1,406	1.2
Internal Medicine	78	13,787	341	(96)	14,032	12.0
Neurology	10	932	13	-	945	0.8
Paediatrics	37	2,933	369	-	3,302	2.8
Psychiatry	35	5,430	-	-	5,430	4.7
Total Medical Specialties	**169**	**24,488**	**723**	**(96)**	**25,115**	**21.5**
Surgical Specialties						
Obstetrics/Gynaecology	26	5,298	-	-	5,298	4.5
Ophthalmology	14	3,995	-	(95)	3,900	3.3
Otolaryngology	12	3,428	21	(28)	3,421	2.9
Surgery - General	37	6,968	85	(91)	6,962	6.0
- Neuro	3	897	1	-	898	0.8
- Orthopaedic	16	3,164	41	-	3,205	2.7
- Plastic	3	481	-	-	481	0.4
Urology	8	2,316	10	(1)	2,325	2.0
Total Surgical Specialties	**119**	**26,547**	**158**	**(215)**	**26,490**	**22.7**
Sub-Totals	**805**	**108,270**	**3,992**	**(342)**	**111,920**	**96.0**
Dental Surgery	**25**	**309**	**11**	**-**	**320**	**0.3**
Out of Province	**-**	**4,356**	**-**	**-**	**4,356**	**3.7**
TOTALS	**830**	**112,935**	**4,003**	**(342)**	**116,596**	**100.0**

** All fee-for-service providers who received an MCP payment during the fiscal year.*

Totals include locums, on-site emergency and in-hospital diagnostic services coverage.

Average Annual Fee-For-Service Payments
1997/98

Specialty	Full Time[1] Number Of Providers	Full Time[1] Average Payments ($000)	Active[2] Number Of Providers	Active[2] Average Payments ($000)	All Providers[3] Number Of Providers	All Providers[3] Average Payments ($000)
General Practice						
St. John's	102	145	140	116	200	85
Eastern	57	172	75	145	92	119
Central	40	149	46	137	59	111
Western	42	177	48	141	60	100
Northern	5	201	5	201	5	201
Total General Practice	**246**	**158**	**312**	**134**	**436**	**108**
Anaesthesia	**30**	**190**	**33**	**184**	**38**	**169**
Radiology	**38**	**259**	**40**	**249**	**43**	**233**
Medical Specialties						
Dermatology	4	303	6	227	9	150
Internal Medicine	57	232	68	205	78	180
Neurology	6	145	8	116	10	95
Paediatrics	16	157	32	90	37	89
Psychiatry	30	178	32	169	35	155
Total Medical Specialties	**113**	**205**	**146**	**168**	**169**	**149**
Surgical Specialties						
Obstetrics/Gynaecology	19	250	22	230	26	204
Ophthalmology	12	315	14	279	14	279
Otolaryngology	9	335	11	310	12	285
Surgery - General	25	258	32	216	37	188
- Neuro	3	299	3	299	3	299
- Orthopaedic	14	325	16	280	16	280
- Plastic	1	*	2	222	3	160
Urology	7	324	7	324	8	291
Total Surgical Specialties	**90**	**274**	**107**	**244**	**119**	**223**
All Specialties	**270**	**234**	**326**	**205**	**369**	**184**
All Physicians	**517**	**198**	**638**	**170**	**805**	**139**

1. All fee-for-service providers who received a minimum of 22 regular bi-weekly payments totalling more than $75,000. A regular bi-weekly payment is one which is greater than half of the average bi-weekly payment for the fiscal year.
2. All fee-for-service providers who received a minimum of $5,100 in the fourth quarter.
3. All fee-for-service providers who received a fee-for-service payment from MCP during the year.

* *Single physician specialty*

Above figures denote levels of providers' MCP income minus proration reductions and before payment of office and other overhead expenses.
Annual income figures for 1997/98 include payments made to physicians for seasonal arrangements. This should be taken into account when comparing to prior years' figures.

TABLE 3

Units Of Services By Specialty And Type
1997/98

Specialty	Consultations & Assessments	Office Visits	Home Visits	Hospital Visits	Diagnostic & Therapeutic Procedures	Obstetrics	General Surgery *	Dental Surgery *	Totals	% Of Totals
General Practice	93,547	1,819,047	163,950	291,080	184,923	6,870	43,569	4	2,622,791	52.0
Anaesthesia	-	51	40	5,523	84,697	35,328	206,946	7,691	340,027	6.6
Radiology	-	-	-	-	413,830	182	1	-	414,013	12.2
Medical Specialties										
Dermatology	22,749	980	9	5,171	10,343	-	6,356	-	45,614	0.9
Internal Medicine	35,395	7,164	84	181,686	220,268	-	28,486	-	473,083	9.3
Neurology	779	-	1	14,683	8,168	-	42	-	23,375	0.5
Paediatrics	8,833	1,715	918	38,911	122,942	-	1,016	-	174,323	3.5
Psychiatry	20,727	20,615	1,297	94,142	2,315	-	-	-	145,056	2.9
Total Medical Specialties	88,480	30,482	2,269	334,595	363,916	-	35,906	-	860,649	17.1
Surgical Specialties										
Obstetrics/Gynaecology	31,140	22,791	3	17,254	9,667	9,366	24,556	-	114,563	2.3
Ophthalmology	35,320	3,946	1	13,981	13,300	5	9,836	-	76,439	1.5
Otolaryngology	31,016	13,999	6	12,428	66,251	-	30,668	-	154,326	3.1
Surgery - General	15,712	3,263	37	62,319	6,437	-	46,719	-	132,487	2.6
- Neuro	637	6	-	8,046	77	-	1,428	-	10,195	0.2
- Orthopaedic	11,176	2,003	31	39,878	3,050	-	8,156	-	64,292	1.3
- Plastic	10	-	1	5,236	326	-	2,363	-	7,936	0.2
- Dental	-	-	-	-	-	-	-	2,024	2,024	0.0
Urology	7,702	1,489	-	22,364	2,120	-	14,764	-	48,549	1.0
Total Surgical Specialties	132,869	45,545	77	181,506	100,968	9,371	138,511	2,024	610,811	12.2
TOTALS	314,637	1,960,235	166,338	812,584	1,348,234	45,770	444,103	9,719	5,097,102	100.0
% Of Totals	6.2	37.8	3.3	16.1	26.8	0.8	8.8	0.2	100.0	

** includes time units for anaesthetists and surgical assistants*

Level Of Annual Payments To Full-Time Fee-For-Service Physicians
1997/98

Specialty	Up To $100,000	$100,001 - 200,000	$200,001 - 300,000	$300,001 - 400,000	$400,001 - 500,000	Totals
General Practice	32	161	50	3	-	246
Anaesthesia	-	19	11	-	-	30
Radiology	1	8	17	11	1	38
Medical Specialties						
Dermatology	-	-	2	2	-	4
Internal Medicine	2	20	22	10	3	57
Neurology	-	5	1	-	-	6
Paediatrics	3	10	2	1	-	16
Psychiatry	5	17	5	3	-	30
Total Medical Specialties	10	52	32	16	3	113
Surgical Specialties						
Obstetrics/Gynaecology	-	7	7	5	-	19
Ophthalmology	1	1	3	4	3	12
Otolaryngology	-	2	-	4	3	9
Surgery - General	-	7	11	5	2	25
- Neuro	-	-	1	2	-	3
- Orthopaedic	-	5	9	-	-	14
- Plastic	-	-	-	-	-	1 *
Urology	-	1	-	5	1	7
Total Surgical Specialties	1	23	31	25	9	90
TOTALS	44	263	141	55	13	517
% Of Totals	8.5	51.0	27.4	10.6	2.5	100.0

**Single physician specialty*

Above figures denote levels of providers' MCP income, minus proration reductions, and before payment of office and other overhead expenses.

Annual income figures for 1997/98 include payments made to physicians for sessional arrangements. This should be taken into account when comparing to prior years' figures.

TABLE 5

Providers By Medical Region Registered With MCP As At March 31, 1998

1997/98

Region	General Practice			Specialists					
	Fee-For-Service	Salaried	Full-Time Teaching	Fee-For-Service	Salaried	Full-Time Teaching	Administration	Total Physicians	Dentists
St. John's	123	16	16	170	37	82	11	**455**	74
Avalon	13	7	-	-	-	-	-	**20**	5
Trinity/Conception	29	2	5	7	9	-	-	**52**	8
Burin	9	7	-	4	5	-	-	**25**	5
Clarenville	18	3	-	4	9	-	-	**34**	2
Gander & District	16	17	-	14	17	-	1	**65**	10
Central Newfoundland	20	12	-	25	13	1	1	**72**	10
Western Newfoundland	30	14	-	27	12	-	1	**84**	16
Stephenville	8	5	-	3	3	-	-	**19**	5
Port Aux Basques	3	3	-	-	-	-	-	**6**	-
St. Anthony/Goose Bay	4	26	-	-	21	-	-	**51**	20
Port Saunders	1	2	-	-	1	-	-	**4**	-
Baie Verte	5	1	-	1	-	-	-	**7**	2
Green Bay	5	-	-	-	-	-	-	**5**	-
Notre Dame Bay	2	4	-	1	-	1	-	**8**	-
Labrador City/Wabush	5	-	-	2	2	-	-	**9**	6
Buchans	-	3	-	2	-	-	-	**5**	-
TOTALS	**291**	**122**	**21**	**260**	**129**	**84**	**14**	**921**	**163**

Providers By Activity Status As At March 31, 1998
1997/98

Specialty	Fee-For-Service	Salaried	Full-Time Teaching	Administration	Totals
General Practice	**291**	**122**	**21**	**11**	**445**
Anaesthesia	**27**	**17**	**9**	**-**	**53**
Radiology	**41**	**5**	**1**	**-**	**47**
Medical Specialties					
Dermatology	6	1	-	-	7
Internal Medicine	48	20	28	-	96
Neurology	3	1	5	-	9
Paediatrics	17	13	17	-	47
Pathology	-	28	-	-	28
Psychiatry	25	10	8	2	45
Total Medical Specialties	**99**	**73**	**58**	**2**	**232**
Surgical Specialties					
Obstetrics/Gynaecology	16	12	7	-	35
Ophthalmology	13	2	-	-	15
Otolaryngology	11	-	-	-	11
Surgery - General	26	17	8	1	52
- Neuro	3	-	-	-	3
- Orthopaedic	16	3	-	-	19
- Plastic	2	-	-	-	2
Urology	6	-	1	-	7
Total Surgical Specialties	**93**	**34**	**16**	**1**	**144**
TOTALS	**551**	**251**	**105**	**14**	**921**
Dentists					
General Dentistry	136	12	-	1	149
Oral Surgery	4	-	-	-	4
Orthodontics	6	-	-	-	6
Periodontics	1	-	-	-	1
Pedodontics	1	-	-	-	1
Endodontics	2	-	-	-	2
Total Dentists	**150**	**12**	**-**	**1**	**163**

TABLE 7

Services And Payments By Sex And Age Group
1997/98

Age Groups	Male						Female						Totals					
	Services (000)	%	Payments ($000)	%	Patients (000)	%	Services (000)	%	Payments ($000)	%	Patients (000)	%	Services (000)	%	Payments ($000)	%	Patients (000)	%
0 - 4	97	5.7	2,285	5.0	12	6.0	84	3.4	1,887	3.0	11	4.6	181	4.3	4,172	3.9	23	5.2
5 - 9	89	5.2	2,017	4.4	14	7.0	79	3.2	1,692	2.7	13	5.4	168	4.0	3,709	3.4	27	6.1
10 - 14	73	4.3	1,708	3.7	14	7.0	72	2.9	1,581	2.5	14	5.8	145	3.4	3,289	3.0	28	6.3
15 - 19	76	4.4	1,777	3.9	15	7.5	114	4.6	2,602	4.2	17	7.1	190	4.5	4,379	4.0	32	7.3
20 - 24	66	3.9	1,528	3.3	13	6.5	152	6.1	3,562	5.7	18	7.5	218	5.2	5,090	4.7	31	7.0
25 - 29	63	3.7	1,459	3.2	12	6.0	171	6.8	4,288	6.8	18	7.5	234	5.6	5,747	5.3	30	6.8
30 - 34	82	4.8	1,981	4.3	13	6.5	199	8.0	5,058	8.1	19	7.9	281	6.7	7,039	6.5	32	7.3
35 - 39	102	6.0	2,432	5.3	15	7.5	201	8.0	4,928	7.9	20	8.3	303	7.2	7,360	6.8	35	7.9
40 - 44	120	7.0	2,969	6.5	16	8.0	202	8.1	4,809	7.7	20	8.3	322	7.6	7,778	7.2	36	8.2
45 - 49	135	7.9	3,446	7.5	16	8.0	211	8.4	5,106	8.2	19	7.9	346	8.2	8,552	7.9	35	7.9
50 - 54	138	8.1	3,691	8.1	14	7.0	196	7.8	4,767	7.6	16	6.7	334	7.9	8,458	7.8	30	6.8
55 - 59	119	6.9	3,319	7.3	11	5.5	147	5.9	3,616	5.8	12	5.0	266	6.3	6,935	6.4	23	5.2
60 - 64	114	6.7	3,335	7.3	9	4.5	128	5.1	3,328	5.3	9	3.8	242	5.7	6,663	6.2	18	4.1
65 - 69	120	7.0	3,694	8.1	8	4.0	130	5.2	3,565	5.7	9	3.8	250	5.9	7,259	6.7	17	3.9
70 - 74	109	6.4	3,476	7.6	7	3.5	122	4.9	3,458	5.5	8	3.3	231	5.5	6,934	6.4	15	3.4
75 - 79	103	6.0	3,230	7.1	6	3.0	121	4.8	3,484	5.6	7	2.9	224	5.3	6,714	6.2	13	2.9
80 - 84	65	3.8	2,039	4.5	4	2.0	90	3.6	2,612	4.2	5	2.1	155	3.7	4,651	4.3	9	2.0
85 +	42	2.5	1,263	2.8	2	1.0	81	3.2	2,278	3.6	5	2.1	123	2.9	3,541	3.3	7	1.6
TOTALS	**1,713**		**45,649**		**201**		**2,500**		**62,621**		**240**		**4,213**		**108,270**		**441**	
% Of Totals	**40.7**		**42.2**		**45.6**		**59.3**		**57.8**		**54.4**							

This table reflects fee-for-service payments and services only.

Population, Payment And Service Statistics
1997/98

Age Groups	Population* (000)	Payments		Services		Percentages		
		Amount ($000)	Average Per Capita ($)	Number (000)	Average Per Capita	Population	Payments	Services
0 - 4	29.9	4,172	140	181	6	5.3	3.9	4.3
5 - 9	35.4	3,709	105	168	5	6.3	3.4	4.0
10 - 14	41.2	3,289	80	145	4	7.3	3.0	3.4
15 - 19	43.2	4,379	101	190	4	7.7	4.0	4.5
20 - 24	43.7	5,090	116	218	5	7.8	4.7	5.2
25 - 29	44.3	5,747	130	234	5	7.9	5.3	5.6
30 - 34	45.7	7,039	154	281	6	8.1	6.5	6.7
35 - 39	47.5	7,360	155	303	6	8.4	6.8	7.2
40 - 44	47.0	7,778	165	322	7	8.3	7.2	7.7
45 - 49	43.1	8,552	198	346	8	7.6	7.9	8.2
50 - 54	34.8	8,458	243	334	10	6.2	7.8	7.9
55 - 59	25.2	6,935	275	266	11	4.5	6.4	6.3
60 - 64	21.0	6,663	317	242	12	3.7	6.2	5.7
65 - 69	18.8	7,259	386	250	13	3.3	6.7	5.9
70 - 74	15.9	6,934	436	231	15	2.8	6.4	5.5
75 - 79	13.0	6,714	516	224	17	2.3	6.2	5.3
80 - 84	8.0	4,651	581	155	19	1.4	4.3	3.7
85 +	5.9	3,541	600	123	21	1.1	3.3	2.9
TOTALS	**563.6**	**108,270**	**192**	**4,213**	**7**	**100.0**	**100.0**	**100.0**

** Source: Newfoundland Statistics Agency*

This table reflects fee-for-service payments and services relative to age groups.
Services rendered by salaried physicians are excluded in the per capita analysis.

TABLE 9

Patient Utilization Levels
1997/98

Services Per Patient		Number Of Physicians Seen: 1	2	3	4 - 6	7 - 10	11 - 14	15 +	Totals	% of Totals
1 - 5	Patients	112,586	66,531	26,222	6,737	-	-	-	**212,076**	**48.1**
	Services	211,885	214,281	107,089	31,457	-	-	-	**564,712**	
6 - 10	Patients	8,631	22,823	29,356	37,413	1,191	-	-	**99,414**	**22.6**
	Services	62,816	168,456	222,695	302,723	11,001	-	-	**767,691**	
11 - 15	Patients	1,883	5,176	9,248	29,341	6,213	28	-	**51,889**	**11.8**
	Services	23,501	64,633	115,971	374,309	82,593	396	-	**661,403**	
16 - 20	Patients	465	1,496	3,016	14,732	8,517	376	1	**28,603**	**6.5**
	Services	8,141	26,249	53,015	260,652	153,380	6,941	20	**508,398**	
21 - 25	Patients	177	524	1,081	6,707	7,422	941	17	**16,869**	**3.8**
	Services	4,015	11,880	24,450	152,199	169,944	21,873	408	**384,769**	
26 - 30	Patients	91	191	403	2,915	5,141	1,389	82	**10,212**	**2.3**
	Services	2,514	5,297	11,142	80,607	143,086	38,997	2,324	**283,967**	
31 - 35	Patients	39	88	183	1,281	3,105	1,467	201	**6,364**	**1.4**
	Services	1,279	2,877	5,983	41,821	101,744	48,431	6,672	**208,807**	
36 - 40	Patients	27	50	95	608	1,819	1,316	286	**4,201**	**1.0**
	Services	1,022	1,891	3,584	22,953	68,673	49,898	10,873	**158,894**	
41 - 45	Patients	32	36	46	350	998	1,037	386	**2,885**	**0.7**
	Services	1,375	1,566	1,973	14,952	42,661	44,444	16,601	**123,572**	
46 - 50	Patients	41	39	48	172	568	716	457	**2,041**	**0.5**
	Services	1,994	1,878	2,295	8,246	27,138	34,305	21,981	**97,837**	
50 +	Patients	50	83	91	389	980	1,579	2,994	**6,166**	**1.4**
	Services	3,079	5,105	5,655	26,401	65,937	106,373	240,563	**453,113**	
TOTALS	**Patients**	**124,022**	**97,037**	**69,789**	**100,645**	**35,954**	**8,849**	**4,424**	**440,720**	**100.0**
	Services	**321,621**	**504,113**	**553,852**	**1,316,320**	**866,157**	**351,658**	**299,442**	**4,213,163**	

Payments To Salaried Physicians
1997/98

Board	Number Of Approved Positions	Total Payments ($000)
Health Care Corporation of St. John's	62	4,564
Newfoundland Cancer Treatment and Research Foundation	9	1,119
Avalon Health Care Institutions Board	14	1,698
Peninsulas Health Care Corporation	36	4,881
Central East Health Care Institutions Board	40	4,381
Central West Health Care Institutions Board	26	3,566
Western Health Care Corporation	57	6,125
Grenfell Regional Health Services Board	36	3,983
Health Labrador Corporation	20	2,623
TOTALS	**300**	**32,940**

TABLE 11

Dental Health Plan Summary Of Payments By Age Group
1997/98

Age	Examinations ($000)	Fluoride Treatments ($000)	Prophylaxis Treatments ($000)	Fillings & Crowns ($000)	Extractions ($000)	Appliances ($000)	X-rays ($000)	Pulpotomies ($000)	Other ($000)	Totals ($000)	Co-pay ($000)
<1	-	-	-	-	-	-	-	-	-	-	-
1	-	-	-	-	-	2	-	-	1	3	-
2	5	-	-	1	1	-	-	-	-	8	1
3	22	-	5	13	3	-	-	2	-	47	2
4	52	-	22	58	8	-	1	7	-	152	4
5	72	-	41	115	10	-	2	11	-	256	5
6	87	2	59	146	13	-	5	15	-	333	6
7	95	23	79	176	24	-	10	17	1	432	7
8	106	32	97	208	32	-	13	15	1	512	8
9	102	31	94	201	32	-	15	12	2	496	7
10	101	32	96	180	35	2	15	7	2	476	6
11	102	33	100	156	36	1	15	3	8	459	5
12	100	34	105	171	38	2	16	1	14	486	5
13	93	31	106	209	36	2	19	-	7	508	5
14	25	8	32	97	14	8	7	-	4	200	5
15	5	-	-	40	5	6	2	-	-	63	5
16	4	-	-	36	5	3	2	-	-	54	4
17	4	-	-	39	6	1	2	-	-	57	5
18	3	-	-	29	5	1	1	-	-	42	3
19	2	-	-	11	5	2	1	-	-	23	2
20 - 29	24	-	-	-	97	3	7	-	2	141	8
30 - 39	19	-	-	-	104	-	6	-	-	139	10
40 - 49	12	-	-	-	81	-	3	-	-	104	8
50 - 59	5	-	-	-	38	-	1	-	-	48	4
60 +	1	-	-	-	12	-	-	-	1	15	1
TOTALS	**1,041**	**226**	**836**	**1,886**	**640**	**33**	**143**	**90**	**43**	**5,054**	**116**
Units Of Service (In 000's)	**76**	**24**	**34**	**50**	**24**	**-**	**11**	**3**	**1**	**223**	